

ISSUE SLIP STAPLE AREA (for additional cross references)

| POST # | INITIALS | ID NO. | DATE |
|----------------------------------|----------|-----------------|---------------------------------|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | NP T2 | 8 S58 947 | 04-30-01 6-26-01 02/20/02 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) ... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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Att 32-583 02/20/02

If more than 150 claims or 10 actions
staple additional sheet here